U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.			
READ THE INSTRUCTIONS CAREFUL				
Q <sub>MS</sub> OR				
1. File Number U - 8[[5]	2. Fiscal Year Covered From:			
	1 / 1 / 04 Through: 12 / 31 / 04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Roco D Baldelli	Name Major League Baseball Players Association Labor Organization File Number Out-727			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 200 4TH Are South	Street 12 East 49TH St.			
City St Petersburg	City New York			
State F1 ZIP Code + 4 33 701	State			
5. Position in labor organization. Union Representative for Tampa Bay Devil Ray				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name   Programme Training Trai				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Streete	7.b. Allount			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Jour of the	On 8 12 05 (40) 658 - 44 68 Telephone Number			

Name of Person Filling Rocco Baldell.	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name NIKC C  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	MLBPA Licensee				
Street	11.b. Approximate dollar value of such dealing.				
State ZIP Code + 4	12.a. Nature of interest held or income received.  Personal Endorsement  Deal With Nike Incfar  Wharing Products				
	12.b. Amount. \$10,000 60				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
City State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Name of Person Filing Rocco Baldelli		File Number U-	
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the busines actively seeking to represent, or	s	
8. Name and address of Business (including trade name, if any).  Name TOPPS Company 2.C.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	11.a. Nature of such dealing		
City State ZIP Code + 4		or income received.	PROTECTION OF THE PROTECTION O
	12.b. Amount.		\$ 1,500,00
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above)		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		